

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Determination ID:	<u>113249</u>	Date of Authorization:	<u>5/29/2015</u>
ORI:	<u>CTPAC000Z</u>	Date Authorization Expires:	<u>06/28/2015</u>

Fingerprinting Authorization Form

Connecticut Department of Public Health, Long-Term Care Background Search Program
410 Capitol Ave., MS#12LEG, P.O. Box 340308, Hartford, CT, 06134-0308

Phone: 860-509-8366 Fax: 860-707-1976

Email: dph.ABCMS@ct.gov Website: www.ct.gov/dph/site/default.asp

There are two copies of this form: one copy is printed for the applicant, to take to get fingerprinted. Long-term care facilities shall maintain a copy of this form, signed and dated by the applicant, on file by, and readily accessible to, the long-term care facility for not less than one year from the date the applicant signed the Fingerprinting Authorization Form.

You have received this form because you have applied for a position for which a criminal history record search is required pursuant to Section 19a-491c of the Connecticut's General Statutes. Your fingerprints must be collected at one of the designated locations listed on this form. No other fingerprinting vendors are authorized to participate in this program. As a result of the background search, you will be listed in the Health Care Worker Registry.

The following information is required to process a complete and accurate criminal record search. You must present current, valid, government-issued photo identifications to be fingerprinted (e.g., driver's license, state ID, military ID, passport). You only have THIRTY (30) DAYS from the Date of Authorization (printed on the top right corner of this form) to have your fingerprints collected at one of the designated Connecticut State Police Troop locations or your fingerprint background search shall be suspended after the Date Authorization Expires (also printed on the top right corner of this form).

Last Name	<u>Doe</u>
First Name	<u>Jane</u>
Middle Name	
Maiden or Other Name(s)	
Suffix	
Permanent Address Street Address	<u>410 Capitol Avenue</u>
City	<u>Hartford</u>
State	<u>CT</u>
Zip Code	<u>06134</u>
Mailing Address (if different) Street Address	

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City	
State	
Zip Code	
Social Security Number	xxx-xx-1522 <input type="checkbox"/> This is an ITIN
Date of Birth	3/25/1975
Race	White
Gender	Female
Eye Color	Hazel
Hair Color	Red or Auburn
Height	5'4"
Weight	140
Place of Birth	US: Connecticut

Name of Facility Where You Are Applying:

AARON MANOR NURSING AND REHABILITATION CENTER

Facility Address:

3 S WIG HILL RD

CHESTER, CT 06412-1106

Facility Telephone Number:

8603348713

I understand that the information requested herein regarding gender, race, height, weight, eye color, hair color, date of birth, and social security number is for the sole purpose of identification.

The gathering of this information and the processing of this application is required by the State of Connecticut and Federal Bureau of Investigation for the purpose of a state and national criminal history record check pursuant to Section 19a-491c of Connecticut's General Statutes. This information will not be used to discriminate against me in violation of the law.

I hereby authorize the Connecticut Department of Public Health (Department), the health care employer or facility, the Department's designee that trains or tests health care workers, a staffing agency, or other authorized entity to request a fingerprint-based criminal history records search.

I further authorize the Connecticut State Police to release information relative to the existence or nonexistence of any criminal record which might have concerning me to the requestor solely to determine my suitability for employment, contract, or volunteer in a long-term care facility.

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I further authorize any agency that maintains records relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the Connecticut State Police or the Department.

I certify that the Connecticut State Police and any agency, including the Department, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information.

I certify that the above is true and correct and give my consent for my name to appear on the Department's Health Care Worker Registry with the results of my criminal history records search.

Applicant's Name (please print): _____

Signature of Applicant: _____

Date: _____

Reason Fingerprinted: CT Gen. Statutes (19a-491c) and CMS NCBP 6201

Sample Only

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Connecticut State Police Troops and Districts

* 800 NUMBERS ARE ONLY ACCESSIBLE WITHIN CONNECTICUT

TROOP A - Southbury 90 Lakeside Road Southbury, CT 06488 TELEPHONE: (800) 375-9918	TROOP F - Westbrook 315 Spencer Plains Road Westbrook, CT 06498 TELEPHONE: (800) 256-5761
TROOP C - Tolland 1320 Tolland Stage Tolland, CT 06084 TELEPHONE: (800) 318-7633	TROOP B - Canaan 463 Ashley Falls Road, Route 7 North Canaan, CT 06018 TELEPHONE: (800) 497-0403
TROOP H - Hartford 100R Washington Street Hartford, CT 06106 TELEPHONE: (800) 968-0664	TROOP D - Danielson Westcott Road Danielson, CT 06239 TELEPHONE: (800) 954-8828
TROOP G - Bridgeport 149 Prospect Street Bridgeport, CT 06604 TELEPHONE: (800) 575-6330	TROOP I - Bethany 631 Amity Road Bethany, CT 06524 TELEPHONE: (800) 956-8818
TROOP E - Montville P.O. Box 306 Uncasville, CT 06382 TELEPHONE: (800) 953-7747	TROOP L - Litchfield 452A Bantam Road Litchfield, CT 06759 TELEPHONE: (800) 953-9949
TROOP K - Colchester 15A Old Hartford Road Colchester, CT 06415 TELEPHONE: (800) 546-5005	State of Connecticut DESPP 1111 Country Club Road Middletown, CT 06457 TELEPHONE: (800) 842-0200

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